

A <input type="text" value="08249"/> <input type="text" value="MI"/> <input type="text" value="02"/> <input type="text" value="01"/> <input type="text" value="2019"/> <input type="text" value="1"/> <input type="text" value="19-0318"/> <input type="text" value="0"/>						NFIRS-1 Basic																			
FDID	State	Incident Date	Station	Incident Number	Exposure																				
B Location Type <input checked="" type="checkbox"/> Street address Intersection In front of Rear of Adjacent to Directions US National Grid						Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for Wildland fires. <input type="checkbox"/> 5625 <input type="checkbox"/> Lincoln Number/Milepost <input type="checkbox"/> Prefix Street or Highway <input type="checkbox"/> Wayne Apt/Suite/Room <input type="checkbox"/> City Cross Street, Directions or National Grid, as applicable	Census Tract <input type="text" value="5669"/> <input type="text" value="00"/> Street Type <input type="checkbox"/> <input type="checkbox"/> Suffix <input type="checkbox"/> <input type="checkbox"/> MI <input type="text" value="48184"/> State <input type="text" value="Zip Code"/>																		
C Incident Type <input type="checkbox"/> 424 Carbon monoxide incident						E1 Dates and Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <input type="text" value="02"/> <input type="text" value="01"/> <input type="text" value="2019"/> <input type="text" value="18:48:00"/> ARRIVAL required, unless canceled or did not arrive Arrival <input type="text" value="02"/> <input type="text" value="01"/> <input type="text" value="2019"/> <input type="text" value="18:56:00"/> CONTROLLED optional, except for wildland fires Controlled <input type="text" value="02"/> <input type="text" value="02"/> <input type="text" value="2019"/> LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared <input type="text" value="02"/> <input type="text" value="02"/> <input type="text" value="2019"/> <input type="text" value="03:01:00"/>	E2 Shifts and Alarms Local Option <input type="checkbox"/> C <input type="checkbox"/> 1 <input type="checkbox"/> Alarms <input type="checkbox"/> District Shift or Platoon																		
D Aid Given or Received 1 Mutual aid received <input type="checkbox"/> FDID - Dept 08251 - Westland FD 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None						E3 Special Studies Local Option <input type="checkbox"/> Special Study ID# <input type="checkbox"/> Special Study Value																			
F Actions Taken 122 <input type="checkbox"/> Rescue, remove from harm Primary Action Taken (1) <input type="checkbox"/> 40 Hazardous condition, other Additional Action Taken (2) <input type="checkbox"/> 84 Refer to proper authority Additional Action Taken (3)						G1 Resources Check this box and test this block if an Apparatus or Personnel Module is used. <table border="1"> <tr> <td>Suppression</td> <td><input type="text" value="3"/></td> <td>Apparatus</td> <td><input type="text" value="8"/></td> <td>Personnel</td> <td><input type="text" value="8"/></td> </tr> <tr> <td>EMS</td> <td><input type="text" value="1"/></td> <td></td> <td><input type="text" value="2"/></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td><input type="text" value="0"/></td> <td></td> <td><input type="text" value="0"/></td> <td></td> <td></td> </tr> </table> Check box if resources counts include aid received resources.	Suppression	<input type="text" value="3"/>	Apparatus	<input type="text" value="8"/>	Personnel	<input type="text" value="8"/>	EMS	<input type="text" value="1"/>		<input type="text" value="2"/>			Other	<input type="text" value="0"/>		<input type="text" value="0"/>			G2 Estimated Dollar Losses and Values LOSSES Required for all lines if known. Optional for non-loss. Property \$ <input type="text" value="0"/> <input type="checkbox"/> None Contents \$ <input type="text" value="0"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="0"/> Contents \$ <input type="text" value="0"/>
Suppression	<input type="text" value="3"/>	Apparatus	<input type="text" value="8"/>	Personnel	<input type="text" value="8"/>																				
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Other	<input type="text" value="0"/>		<input type="text" value="0"/>																						
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 <input checked="" type="checkbox"/> EMS-6 <input checked="" type="checkbox"/> HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11						H1 Casualties Death <input type="text" value="0"/> Injury <input type="text" value="0"/> Fire Service Civilian <input type="checkbox"/>	H2 Detector Required for confined fires 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert occupants U <input checked="" type="checkbox"/> Unknown	H3 Hazardous Materials Release <input checked="" type="checkbox"/> None 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None	I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use																

J Property Use Structures		341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs
131 Church, mosque, synagogue, temple, chapel		342 Doctor, dentist or oral surgeon office	571 Service station, gas station
161 Restaurant or cafeteria		361 Jail, prison (not juvenile)	579 Motor vehicle or boat sales, services, repair
162 Bar or nightclub		419 1 or 2 family dwelling	599 Business office
213 Elementary school, including kindergarten		429 <input checked="" type="checkbox"/> Multifamily dwelling	615 Electric-generating plant
215 High school/junior high school/middle school		439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory
241 Adult education center, college classroom		449 Hotel/motel, commercial	700 Manufacturing, processing
311 24-hour care Nursing homes, 4 or more persons		459 Residential board and care	810 Livestock, poultry storage
331 Hospital - medical or psychiatric		464 Barracks, dormitory	882 Parking garage, general vehicle
		519 Food and beverage sales, grocery store	891 Warehouse
Outside		938 Vacant lot	981 Construction site
124 Playground		938 Graded and cared-for plots of land	984 Industrial plant yard - area
655 Crops or orchard		946 Lake, river, stream	Property Use <input type="checkbox"/> 429 Code
689 Forest, timberland, woodland		951 Railroad right-of-way	Property Use Description <input type="checkbox"/> Multifamily dwelling
807 Outside material storage area		960 Street, other	
919 Dump, sanitary landfill		961 Highway or divided highway	
931 Open land or field		962 Residential street, road or residential driveway	

Look up and enter a
Property Use code and
description only if you
have NOT checked a
Property Use Box.

K1 Person/Entity Involved		Business Name (If Applicable)	Area Code	Phone Number
Local Option		Anthony		
Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.		Mr., Ms., Mrs. First Name	MI	Last Name
		5625	Lincoln	Suffix
		Number	Prefix	Street or Highway
		Post Office Box	Apt/Suite/Room	Wayne
		MI	48184	City
		State	Zip Code	
K2 Owner		Business Name (If Applicable)	Area Code	Phone Number
Same as person involved? Then check this box and skip the rest of this block.		Anthony		
Local Option		Mr., Ms., Mrs. First Name	MI	Last Name
Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.		5625	Lincoln	Suffix
		Number	Prefix	Street or Highway
		Post Office Box	Apt/Suite/Room	Wayne
		MI	48184	City
		State	Zip Code	

M Authorization		Andrew Stager	Capt	02	02	2019
Officer in charge ID 56	Signature Jason Reeves	Position or rank Lieutenant/Paramedic	Assignment	Month 02	Day 02	Year 2019
Member Making report ID 56	Signature	Position or rank	Assignment	Month	Day	Year

Remarks
 Local Option

Station 5 was dispatched to the above location, PD on scene with a possible CO incident. Upon arrival E5 and R5 met Wayne PD at the Bravo side door wall which was in the open position. PD advised FD of [REDACTED] in the bedroom on the 2nd floor. FD took initial CO readings on the RKI 2012 (4) gas monitor and found over 100 PPM within the first 12" into the structure and no audible alarms sounding from the residence. Crews made entry for rapid extrication of patient. Female victim was [REDACTED]. Initial air monitoring of upstairs bedroom showed levels over the capability of the RKI monitor (in excess of 500 PPM).

R5 crew performed primary search of 1st floor and basement locating a male victim in the basement. Initial air monitoring of basement showed levels of 134 PPM. Male victim [REDACTED]. Patient was treated and then transported to Beaumont Wayne Hospital. See EMS report for more detail.

Structure was secured by Wayne PD and Wayne FD. Air monitoring was conducted of the entire unit revealing high CO readings throughout, some areas in excess of the capabilities of the air monitor. Thermostat turned off, doors and windows were opened and the structure was ventilated using passive horizontal ventilation. Once CO readings were at safe levels entry was made again to obtain an EKG on female victim. Beaumont Wayne Hospital was contacted for Time of death. See EMS report for more detail. (Reference Wayne PD incident #19-1420)

FD checked the adjoining unit (5629 Lincoln) for presence of CO. Positive readings were found in the 50ppm range, no CO detector was present in the home. The thermostat was turned off and the home was ventilated until no further CO readings were noted.

It was then determined the other 2 units in that building also needed to be checked for CO. 5637 Lincoln, 2 units south of incident location, checked, FD found no CO readings. 3rd unit south of incident location, 5645 Lincoln, residents were not home, maintenance unlocked the door for FD access. Initial CO readings were as follows: 1st floor were 30 ppm, 2nd floor CO readings were 54 ppm and basement CO levels were 168 ppm (with basement door closed at the top of the stairs). No CO detector was noted. Thermostat turned down, power was turned off to boiler along with natural gas. Pilot on hot water heater turned to off position and circuit breaker for boiler was turned off as well. Residence was ventilated until CO readings were zero, residence secured and left in care of maintenance.

With high CO readings in 3 out of 4 units in that particular building, FD was concerned of a complex wide CO issue. Speaking with maintenance staff, they could not advise if every unit was equipped with a CO detector. Further discussion with maintenance revealed the complex was having issues with the tops of chimneys icing up due to the extremely cold temperatures. Investigation of various roof tops showed signs of icing on various chimneys.

Due to positive CO readings and lack of CO detectors in the units of the initial building the decision was made to inspect each unit in the complex for CO to assure no further life safety hazard existed. A command post was established at the leasing office, all off duty personnel were called in as well as additional resources requested from Consumers Energy, Westland FD, Wayne PD, Inkster PD and Garden City PD. Teams of 2 personnel (1 FD and 1 PD) were assembled and given air monitors to conduct a door to door sweep of every unit in the complex. Each team was assigned buildings in the complex and advised to report back to command of any CO readings and the location. Consumers Energy arrived on scene at 2338 hours (work order #1047517334).

Air sampling was conducted for the presence of CO in every unit in the complex. Any residence with positive readings, thermostats were turned off and the residents were evacuated. A temporary shelter for displaced residents was established in the leasing office. Any unit in which there was no answer, entry was made with the assistance of maintenance.

Once all 267 units within the complex were inspected, all units with a positive reading for CO were documented and a full list was provided to management. A debriefing was then held with FD command, complex management, PD and consumers. A plan was then formulated on how to mitigate the situation and get residents back in their homes.

Management brought in chimney contractors to clear ice from around the chimney preventing ice obstructions that were identified as a possible contributing factor to CO levels. Consumer's energy remained on scene to work with management, maintenance and the contractors to restore heat to units and assure no further CO dangers existed.

Once it was determined there was no longer a life safety hazard and the mitigation plan was implemented, incident was terminated, turning the scene over to management and Consumers.

Please see additional narrative for a list of units with positive CO readings.

AJS

A 08248	MI	MM 02	DD 01	YYYY 2019	11	19-0318 MUTUAL AID FROM WESTLAND	0	NFIRS-6 EMS
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FDID	State	Incident Date	Station	Incident Number	Exposure					
B Number of Patients						Patient Number	C Date/Time	Time Arrived at Patient	Month/Day/Year 02/01/2019	Hour/Minute 1859
2	1					Check if same date as Alarm date	Time of Patient Transfer			
Use a separate form for each patient										
D Provider Impression/Assessment						17 Cardiac dysrhythmia	25 Hypothermia	33 Seizure		
00	Impression/assessment, other	18 Chest pain	26 Hypovolemia	34 Apparent sexual assault						
10	Abdominal pain	19 Diabetic symptom	27 Inhalation injury, toxic gases	35 Slings/bits						
11	Airway obstruction	20 Do not resuscitate	28 X Obvious death	36 Stroke/CVA						
12	Allergic reaction, excludes stings & venomous bite	21 Electrocution	29 Overdose/poisoning	37 Syncope, fainting						
13	Altered level of consciousness	22 General illness	30 Pregnancy/OB	38 Trauma						
14	Behavioral - mental status, psychiatric disorder	23 Hemorrhaging/bleeding	31 Respiratory arrest	NN None/no patient or refused treatment						
15	Burns	24 Hyperthermia	32 Respiratory distress							
16	Cardiac arrest									

E1 Age or Date of Birth	F1 Race	G1 Human Factors Contributing to Injury	G2 Other Factors
65	Months (for infants)	Check all applicable boxes	If an illness, not an injury, check G2 and go to H2
Age	OR	1 Asleep, no known impairment	1 X Accidental
12/01/1953	Month/Day/Year	2 Unconscious	2 Self-inflicted
		3 Possibly impaired by alcohol	3 Inflicted, not self-inflicted
E2 Gender		4 Possibly impaired by other drug or chemical	N None
1 Male	2 X Female	5 Possibly mentally disabled	
		6 Physically disabled	
		7 Physically restrained	
		8 Unattended or unsupervised person	
		N X None	
F2 Ethnicity			
0 X Non Hispanic or Latino			
1 Hispanic or Latino			

H1 Body Site of Injury List up to five body sites	H2 Injury Type List one injury site for each body site listed under H1	H3 Cause of illness/injury
[Five empty boxes for body sites]	[Five empty boxes for injury types]	00 Cause of illness/injury Cause, other

I Procedure Used	J Safety Equipment	K Cardiac Arrest
00 Procedures used, other	13 Extrication	Used or deployed by patient. Check all applicable boxes.
01 Airway insertion	14 Intubation (EGTA)	1 If pre-arrival arrest, was it:
02 Anti-shock measures	15 Intubation (ET)	1 Witnessed
03 Assisted ventilation	16 IO/IV therapy	2 Bystander CPR
04 Bleeding control	17 Medications therapy	2 Post arrival arrest
05 Burn care	18 Oxygen therapy	Initial Arrest Rhythm
06 Cardiac pacing	19 Obstetrical care/delivery	0 [Redacted] 1 V-Fib/V-Tach
07 Cardioversion (defib), manual	20 Prearrival instructions	U Undetermined
08 Chest/abdominal thrust	21 Restrained patient	
09 CPR	22 Spinal immobilization	
10 Cricothyroidotomy	23 Splinted extremities	
11 Defibrillation by AED	24 Suction/aspirate	
12 X EKG monitoring	NN No treatment	

L1 Initial Level of Provider	L2 Highest Level of Care Provided on Scene	M Patient Status	N EMS Disposition
0 Other health care provider	0 Other health care provider	1 Improved	0 Other
1 First responder	1 First responder	2 Remained same	1 FD transport to emergency care facility (ECF)
2 EMT-B (Basic)	2 EMT-B (Basic)	[Redacted]	2 Non-FD transport
3 EMT-I (Intermediate)	3 EMT-I (Intermediate)	Check if:	3 Non-FD transport with FD attendant
4 X EMT-P (Paramedic)	4 X EMT-P (Paramedic)	1 Pulse on transfer	4 Non-emergency transfer
N No training	N No care provided	[Redacted]	N X Not transported under EMS

A	08249	MI	02	01	YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	NFIRS-6 EMS
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FID	State	Incident Date	Station	Incident Number	Exposure	C	Date/Time	X Time Arrived at Patient	Month/Day/Year 02/01/2019	Hour/Minute 1856	
							Check if same date as Alarm date	X Time of Patient Transfer	02/01/2019	1914	
B Number of Patients		Patient Number									
2		2									
Use a separate form for each patient											
D Provider Impression/Assessment											
00	<input checked="" type="checkbox"/> Impression/assessment, other										
10	Abdominal pain										
11	Airway obstruction										
12	Allergic reaction, excludes stings & venomous bite										
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14	Behavioral - mental status, psychiatric disorder										
15	Burns										
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28	Obvious death										
29	Overdose/poisoning										
30	Pregnancy/OB										
31	Respiratory arrest										
32	Respiratory distress										
33	Seizure										
34	Apparent sexual assault										
35	Sting/bite										
36	Stroke/CVA										
37	Syncope, fainting										
38	Trauma										
NN	None/no patient or refused treatment										

E1 Age or Date of Birth	F1 Race	G1 Human Factors Contributing to Injury	G2 Other Factors
64 Age	Months (for infants)	Check all applicable boxes	If an illness, not an injury skip to G2 and go to H3
12/02/1954 Month/Day/Year	OR	1 Asleep, no known impairment	1 <input checked="" type="checkbox"/> Accidental
		2 Unconscious	2 Self-inflicted
		3 Possibly impaired by alcohol	3 Inflicted, not self-inflicted
E2 Gender	F2 Ethnicity	4 Possibly impaired by other drug or chemical	N None
1 <input checked="" type="checkbox"/> Male	0 Non-Hispanic or Latino	5 Possibly mentally disabled	
2 Female	1 Hispanic or Latino	6 Physically disabled	
		7 Physically restrained	
		8 Unattended or unsupervised person	
		N <input checked="" type="checkbox"/> None	

H1 Body Site of Injury List up to five body sites	H2 Injury Type List one injury site for each body site listed under H1	H3 Cause of Illness/Injury Cause of illness/injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I Procedure Used		J Safety Equipment	K Cardiac Arrest
Used or deployed by patient. Check all applicable boxes.		Used or deployed by patient. Check all applicable boxes.	Used or deployed by patient. Check all applicable boxes.
00	Procedures used, other	0 Safety equipment, other	1 Pre-arrival arrest
01	Airway insertion	1 Safety, seat belts	1 Witnessed
02	Anti-shock trousers	2 Child safety seat	2 Bystander CPR
03	Assisted ventilation	3 Airbag	2 Post arrival arrest
04	Bleeding control	4 Helmet	Initial Arrest Rhythm
05	Burn care	5 Protective clothing	0 Initial arrest rhythm, other
06	Cardiac pacing	6 Flotation device	1 V-Fib/V-Tach
07	Cardioversion (defib), manual	N <input checked="" type="checkbox"/> None	U Undetermined
08	Chest/abdominal thrust	U Undetermined	
09	CPR		
10	Cricothyroidotomy		
11	Defibrillation by AED		
12	EKG monitoring	NN No treatment	

L1 Initial Level of Provider	L2 Highest Level of Care Provided on Scene	M Patient Status	N EMS Disposition
0 Other health care provider	0 Other health care provider	1 Improved	0 Other
1 First responder	1 First responder	2 <input type="checkbox"/>	1 <input checked="" type="checkbox"/> FD transport to emergency care facility (ECF)
2 EMT-B (Basic)	2 EMT-B (Basic)	3 Worsened	2 Non-FD Transport
3 EMT-I (Intermediate)	3 EMT-I (Intermediate)	Check If:	3 Non-FD transport with FD attendant
4 <input checked="" type="checkbox"/> EMT-P (Paramedic)	4 <input checked="" type="checkbox"/> EMT-P (Paramedic)	2 <input type="checkbox"/> No pulse on transfer	4 Non-emergency transfer
N No training	N No care provided		N Not transported under EMS

<p>A 08249 <input type="text"/> MI <input type="text"/> MM 02 <input type="text"/> DD 01 <input type="text"/> YYYY 1 <input type="text"/> 19-0318 MUTUAL AID FROM WESTLAND <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> NFIRS-7 Hazmat</p> <p>FDID State Incident Date Station Incident Number Exposure Haz No.</p>																																															
<p>B HazMat ID 1016 UN Number 1016 Division 2.2 Non-flammable DOT Hazard Classification <input type="text"/> 630-08-0 CAS Registration Number <input type="text"/> Chemical Name <input type="text"/> Carbon monoxide</p>																																															
<p>C1 Container Type <input checked="" type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Container Type</p> <p>More hazardous materials? Use additional sheets.</p>		<p>C2 Estimated Container Capacity <input type="text"/> <input type="text"/> <input type="text"/> 0 <input type="text"/> Capacity: by volume or weight</p> <p>C3 Units: Capacity <input type="checkbox"/> Check one box</p> <table> <thead> <tr> <th></th> <th>VOLUME</th> <th>WEIGHT</th> </tr> </thead> <tbody> <tr> <td>11</td> <td>Ounces (liquid)</td> <td>21 Ounces (weight)</td> </tr> <tr> <td>12</td> <td>Gallons</td> <td>22 Pounds</td> </tr> <tr> <td>13</td> <td>Barrels (42 gal)</td> <td>23 Grams</td> </tr> <tr> <td>14</td> <td>Liters</td> <td>24 Kilograms</td> </tr> <tr> <td>15</td> <td>Cubic feet</td> <td></td> </tr> <tr> <td>16</td> <td>Cubic meters</td> <td></td> </tr> </tbody> </table>			VOLUME	WEIGHT	11	Ounces (liquid)	21 Ounces (weight)	12	Gallons	22 Pounds	13	Barrels (42 gal)	23 Grams	14	Liters	24 Kilograms	15	Cubic feet		16	Cubic meters		<p>D1 Estimated Amount Released <input type="text"/> <input type="text"/> <input type="text"/> 0 <input type="text"/> Amount Released: by volume or weight</p> <p>D2 Units: Released <input type="checkbox"/> Check one box</p> <table> <thead> <tr> <th></th> <th>VOLUME</th> <th>WEIGHT</th> </tr> </thead> <tbody> <tr> <td>11</td> <td>Ounces (liquid)</td> <td>21 Ounces (weight)</td> </tr> <tr> <td>12</td> <td>Gallons</td> <td>22 Pounds</td> </tr> <tr> <td>13</td> <td>Barrels (42 gal)</td> <td>23 Grams</td> </tr> <tr> <td>14</td> <td>Liters</td> <td>24 Kilograms</td> </tr> <tr> <td>15</td> <td>Cubic feet</td> <td></td> </tr> <tr> <td>16</td> <td>Cubic meters</td> <td></td> </tr> </tbody> </table>			VOLUME	WEIGHT	11	Ounces (liquid)	21 Ounces (weight)	12	Gallons	22 Pounds	13	Barrels (42 gal)	23 Grams	14	Liters	24 Kilograms	15	Cubic feet		16	Cubic meters	
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<p>Complete the remainder of this form only for the first of the hazardous material involved in this incident.</p> <p>F1 Released From <input type="checkbox"/> Check all applicable boxes</p> <p>Below Grade <input type="checkbox"/> Inside of structure <input type="checkbox"/> Slope of Release <input type="checkbox"/> Outside of structure</p>		<p>F2 Population Density <input checked="" type="checkbox"/> None</p> <p>1 Urban center - Densely populated <input type="checkbox"/> 2 Suburban - Predominantly single-family residential <input type="checkbox"/> 3 Rural - Scattered small communities and farms <input type="checkbox"/></p>		<p>G2 Area Evacuated <input checked="" type="checkbox"/> None <input type="checkbox"/> Enter Measurement</p> <p>1 Square feet <input type="text"/> <input type="text"/> 2 Blocks <input type="text"/> <input type="text"/> 3 Square miles <input type="text"/> <input type="text"/></p> <p>G3 Estimated Number of People Evacuated <input type="text"/> <input type="text"/></p> <p>G4 Estimated Number of Buildings Evacuated <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> None</p>																																											
				<p>I If fire or explosion is involved with a release, which occurred first?</p> <p>1 Ignition <input type="checkbox"/> Undetermined 2 Release <input type="checkbox"/></p> <p>J Cause of Release <input type="checkbox"/> Intentional 1 Unintentional release <input checked="" type="checkbox"/> 2 Container or containment failure <input type="checkbox"/> 3 Act of nature <input type="checkbox"/> 4 Cause under investigation <input type="checkbox"/> 5 Cause undetermined after investigation <input type="checkbox"/></p>																																											
<p>M Equipment Involved in Release <input type="text"/> <input type="text"/></p> <p>Equipment involved in release <input type="text"/> <input type="text"/></p> <p>Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/></p>		<p>N Mobile Property Involved in Release <input type="text"/> <input type="text"/></p> <p>Mobile property involved <input type="text"/> <input type="text"/> Mobile property type <input type="text"/> <input type="text"/> Mobile property make <input type="text"/> <input type="text"/> Model <input type="text"/> Year <input type="text"/> License Plate # <input type="text"/> MI <input type="text"/> State <input type="text"/> DOT number/ICC number <input type="text"/></p>		<p>O HazMat Disposition <input type="checkbox"/> Completed by fire service only 1 Completed by fire service only <input type="checkbox"/> 2 Completed with fire service present <input type="checkbox"/> 3 Released to local agency <input type="checkbox"/> 4 Released to county agency <input type="checkbox"/> 5 Released to state agency <input type="checkbox"/> 6 Released to federal agency <input type="checkbox"/> 7 Released to private agency <input type="checkbox"/> 8 Released to property owner or manager <input checked="" type="checkbox"/></p> <p>P HazMat Civilian Casualties <input type="text"/> Deaths 1 <input type="text"/> <input type="checkbox"/> Injuries 1 <input type="text"/></p>																																											

A 08249 MI MM 02 DD 01 2019 1 19-0318 MUTUAL AID FROM WESTLAND 0						NFIRS-9 Apparatus or Resources			
FDID	State	Incident Date	Station	Incident Number	Exposure				
B Apparatus or Resource						Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>			
						Midnight is 0000			
						Month/Day/Year	Hour/Min		
1	ID	E-5		Dispatch	X	02/01/2019	1848	Sent <input checked="" type="checkbox"/> Number of People <input type="text" value="2"/> Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
	Type	11		Arrival	X	02/01/2019	1856		
				Clear		02/02/2019	0301		
2	ID	R-5.1		Dispatch	X	02/01/2019	1848	Sent <input checked="" type="checkbox"/> Number of People <input type="text" value="2"/> Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
	Type	10		Arrival	X	02/01/2019	1856		
				Clear		02/02/2019	0301		
3	ID	Eng 8		Dispatch	X	02/01/2019	2138	Sent <input checked="" type="checkbox"/> Number of People <input type="text" value="5"/> Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
	Type	11		Arrival	X	02/01/2019	2147		
				Clear		02/02/2019	0301		
4	ID	200A		Dispatch	X	02/01/2019	2239	Sent <input checked="" type="checkbox"/> Number of People <input type="text" value="1"/> Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
	Type	92		Arrival		02/02/2019	0018		
				Clear		02/02/2019	0301		

A 08249 MI MM 02 DD 01 YYYY 19-0318 0 FDID State Incident Date Station Incident Number Exposure						NFIRS-10 Personnel																																				
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Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small>		<input type="checkbox"/> Midnight is 0000		Sent <input type="checkbox"/> Number of People <input type="checkbox"/> Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>																																					
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A	08249	MI	02	01	2019	1	19-0318	MUTUAL AID	FROM	WESTLAND	0	NFIRS-1S Supplemental
FDID	State	Incident Date			Station	Incident Number	Exposure					

K1 Person/Entity Involved

Local Option
Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

			Business Name (if Applicable)					
						Area Code	Phone Number	
			Gwendolyn	MI	Fleming			
Mr., Ms., Mrs.	First Name	MI	Last Name					
5625		Lincoln						
Number	Prefix	Street or Highway					Street Type	Suffix
Post Office Box			Wayne					
MI	48184	Apt/Suite/Room	City					
State	Zip Code							

K1 Person/Entity Involved

Local Option
Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

			Business Name (if Applicable)					
						Area Code	Phone Number	
			Huntington Management	248	354	-	xt16	
Mr., Ms., Mrs.	First Name	MI	Last Name					
25480		Kim						
Number	Prefix	Street or Highway					Street Type	Suffix
Post Office Box			Southfield					
MI	48033	Apt/Suite/Room	City					
State	Zip Code							

K1 Person/Entity Involved

Local Option
Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

			Business Name (if Applicable)					
						Area Code	Phone Number	
			Huntington Management	734	729	-	7262	
Mr., Ms., Mrs.	First Name	MI	Last Name					
5757		Carrie						
Number	Prefix	Street or Highway					Street Type	Suffix
Post Office Box			Wayne					
MI	48184	Apt/Suite/Room	City					
State	Zip Code							

K2 Owner

Same as person involved?
Then check this box and skip the rest of this block.

Local Option
Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

			Business Name (if Applicable)					
						Area Code	Phone Number	
			Gwendolyn	MI	Fleming			
Mr., Ms., Mrs.	First Name	MI	Last Name					
5625		Lincoln						
Number	Prefix	Street or Highway					Street Type	Suffix
Post Office Box			Wayne					
MI	48184	Apt/Suite/Room	City					
State	Zip Code							

A	08249	MI	02	01	2019	1	19-0318	MUTUAL AID	0	NFIRS-1S Supplemental
FDID	State	Incident Date	MM	DD	YYYY	Station	Incident Number	FROM	Exposure	

E3 Supplemental Special Studies

Local Option

1	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	2	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	3	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	4	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value
5	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	6	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	7	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value	8	<input type="text"/> Special Study ID#	<input type="text"/> Special Study Value

L Additional Remarks

Local Option

5519 E Hickory Hollow - 13 ppm
 5720 W Hickory Hollow - 21 ppm
 5623 E Hickory Hollow - 5 ppm
 5714 W Hickory hollow
 5787 Wilson - 20 ppm
 5781 Wilson - 5 ppm
 32296 Hamilton - Dryer issue
 5790 Amy - 150 ppm
 5633 Hoover - 9 ppm
 32120 Van Born - 20 ppm
 5786 Amy - 500 ppm
 5675 Hoover - 20 ppm
 5770 Maxine - 25 ppm
 5790 Maxine - 6 ppm
 5778 Amy - 113 ppm
 32128 Hamilton - 50 ppm
 5774 Amy - 78 ppm
 5615 Hoover - 9 ppm
 5621 Hoover - 4 ppm
 32092 Hamilton - 18 ppm
 32087 E Hickory Hollow - 10 ppm
 5701 Hoover - 40 ppm
 5695 Hoover - 5 ppm
 5778 Maxine - 20 ppm
 5783 Maxine - 7 ppm
 32140 Van Born - 14 ppm